MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/597943	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		2		2		
2		2		2			52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65	1		1			
16							66						
17							67		2		2		
18							68						
19							69						
20	1		1				70						
21							71						
22		2		2			72	1		1			
23							73						
24							74		2		2		
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33	1		1				83						
34							84						
35		2		2			85	1		1			
36							86						
37							87		2		2		
38							88						
39							89						
40							90						
41							91						
42							92	1					
43							93	1		X			
44							94	1					
45			X				95						
46							96						
47							97						
48			1				98						
49							99						
50		2		2			100						
TOTAL IND.	14						TOTAL IND.						
TOTAL DEP	90		90				TOTAL DEP						
TOTAL CLAIMS	104		97				TOTAL CLAIMS						